

020904

17224 US PTO

PTO/SB/05 (01-04)


**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |                                                  |
|------------------------|--------------------------------------------------|
| Attorney Docket No.    | 087916-000000US                                  |
| First Inventor         | SHUE, Ming-Jeng                                  |
| Title                  | CANNULA RETRACTABLE MEDICAL<br>COLLECTION DEVICE |
| Express Mail Label No. | EV332107369US                                    |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>ADDRESS TO</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 28]<br/>(preferred arrangement set forth below)<br/>- Descriptive title of the Invention<br/>- Cross Reference to Related Applications<br/>- Statement Regarding Fed sponsored R &amp; D<br/>- Reference to sequence listing, a table,<br/>or a computer program listing appendix<br/>- Background of the Invention<br/>- Brief Summary of the Invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 21]</p> <p>5. Oath or Declaration [Total Pages 5]<br/>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/>(for a continuation/divisional with Box 18 completed)<br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s)<br/>named in the prior application, see 37 CFR<br/>1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> |  | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br/>Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all necessary)<br/>a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input type="checkbox"/> Paper number of pages<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of<br/>(when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br/>Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122<br/>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br/>or its equivalent</p> <p>17. <input type="checkbox"/> Other:</p> |                                   |
| <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the<br/>specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____<br/>Prior application information: Examiner _____ Art Unit: _____</p> <p>For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under<br/>Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.<br/>The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
| <b>19. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
| <input checked="" type="checkbox"/> Customer Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 20350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |
| OR <input type="checkbox"/> Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
| Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
| Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
| City _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | State _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Zip Code _____                    |
| Country _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Telephone _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fax _____                         |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | J. Georg Seka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Registration No. (Attorney/Agent) |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 24,491                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | February 9, 2004                  |

60136912 v1

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 385

Complete if Known

Application Number

Filing Date

First Named Inventor

SHUE, Ming-Jeng

Examiner Name

Art Unit

Attorney Docket No.

087916-000000US

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity |          | Small Entity |          | Fee Description        | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                        |          |
| 1001         | 770      | 2001         | 385      | Utility filing fee     | 385      |
| 1002         | 340      | 2002         | 170      | Design filing fee      |          |
| 1003         | 530      | 2003         | 265      | Plant filing fee       |          |
| 1004         | 770      | 2004         | 385      | Reissue filing fee     |          |
| 1005         | 160      | 2005         | 80       | Provisional filing fee |          |

SUBTOTAL (1)

(\$385)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

|                    |         | Extra Claims |       | Fee from below |  | Fee Paid |
|--------------------|---------|--------------|-------|----------------|--|----------|
| Total Claims       |         |              |       |                |  |          |
| 17                 | -20** = | 0            | X\$9  |                |  | \$0      |
| Independent Claims |         |              |       |                |  |          |
| 1                  | -3** =  | 0            | X\$43 |                |  | \$0      |
| Multiple Dependent |         |              | X     |                |  |          |

| Large Entity |          | Small Entity |          | Fee Description                                            |
|--------------|----------|--------------|----------|------------------------------------------------------------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                                                            |
| 1202         | 18       | 2202         | 9        | Claims in excess of 20                                     |
| 1201         | 86       | 2201         | 43       | Independent claims in excess of 3                          |
| 1203         | 290      | 2203         | 145      | Multiple dependent claim, if not paid                      |
| 1204         | 86       | 2204         | 43       | ** Reissue independent claims over original patent         |
| 1205         | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

(\$0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity |          | Small Entity |          | Fee Description                                                            | Fee Paid |
|--------------|----------|--------------|----------|----------------------------------------------------------------------------|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                                                                            |          |
| 1051         | 130      | 2051         | 65       | Surcharge - late filing fee or oath                                        |          |
| 1052         | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet.                    |          |
| 1053         | 130      | 1053         | 130      | Non-English specification                                                  |          |
| 1812         | 2,520    | 1812         | 2,520    | For filing a request for reexamination                                     |          |
| 1804         | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805         | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251         | 110      | 2251         | 55       | Extension for reply within first month                                     |          |
| 1252         | 420      | 2252         | 210      | Extension for reply within second month                                    |          |
| 1253         | 950      | 2253         | 475      | Extension for reply within third month                                     |          |
| 1254         | 1,480    | 2254         | 740      | Extension for reply within fourth month                                    |          |
| 1255         | 2,010    | 2255         | 1,005    | Extension for reply within fifth month                                     |          |
| 1401         | 330      | 2401         | 165      | Notice of Appeal                                                           |          |
| 1402         | 330      | 2402         | 165      | Filing a brief in support of an appeal                                     |          |
| 1403         | 290      | 2403         | 145      | Request for oral hearing                                                   |          |
| 1451         | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452         | 110      | 2452         | 55       | Petition to revive - unavoidable                                           |          |
| 1453         | 1,330    | 2453         | 665      | Petition to revive - unintentional                                         |          |
| 1501         | 1,330    | 2501         | 665      | Utility issue fee (or reissue)                                             |          |
| 1502         | 480      | 2502         | 240      | Design issue fee                                                           |          |
| 1503         | 640      | 2503         | 320      | Plant issue fee                                                            |          |
| 1460         | 130      | 1460         | 130      | Petitions to the Commissioner                                              |          |
| 1807         | 50       | 1807         | 50       | Petitions related to provisional applications                              |          |
| 1806         | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021         | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) |          |
| 1809         | 770      | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 1810         | 770      | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 1801         | 770      | 2801         | 385      | Request for Continued Examination (RCE)                                    |          |
| 1802         | 900      | 1802         | 900      | Request for expedited examination of a design application                  |          |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

J. Georg Seka

Registration No. (Attorney/Agent)

24,491

Telephone

415-576-0200

Signature

Date

February 9, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.